

INTEGRATION OF FGM IN REPRODUCTIVE HEALTH MODULES FOR ADOLESCENTS IN SUDAN: HOW DO FGM SURVIVORS DEAL WITH A NEW REALITY OF FGM?

A joint effort by the Maternal and Child Health Directorate of the Federal Ministry of Health and The World Health Organization Country Office in Sudan: Dr. Paul Bukuluki, Dr. Nada Ahmed, Dr Iman Hago, Dr. Wisal Ahmed, Dr. Maison Elamin, Dr. Naeema Al Gasseer and Zamzam Jama, M.A.

PREVIEW OF PRESENTATION



BACKGROUND:
FGM IN SUDAN



RATIONALE
AND LEARNING
OBJECTIVES



METHOD AND
STAKEHOLDER
PROFILE



STAKEHOLDER
FEEDBACK



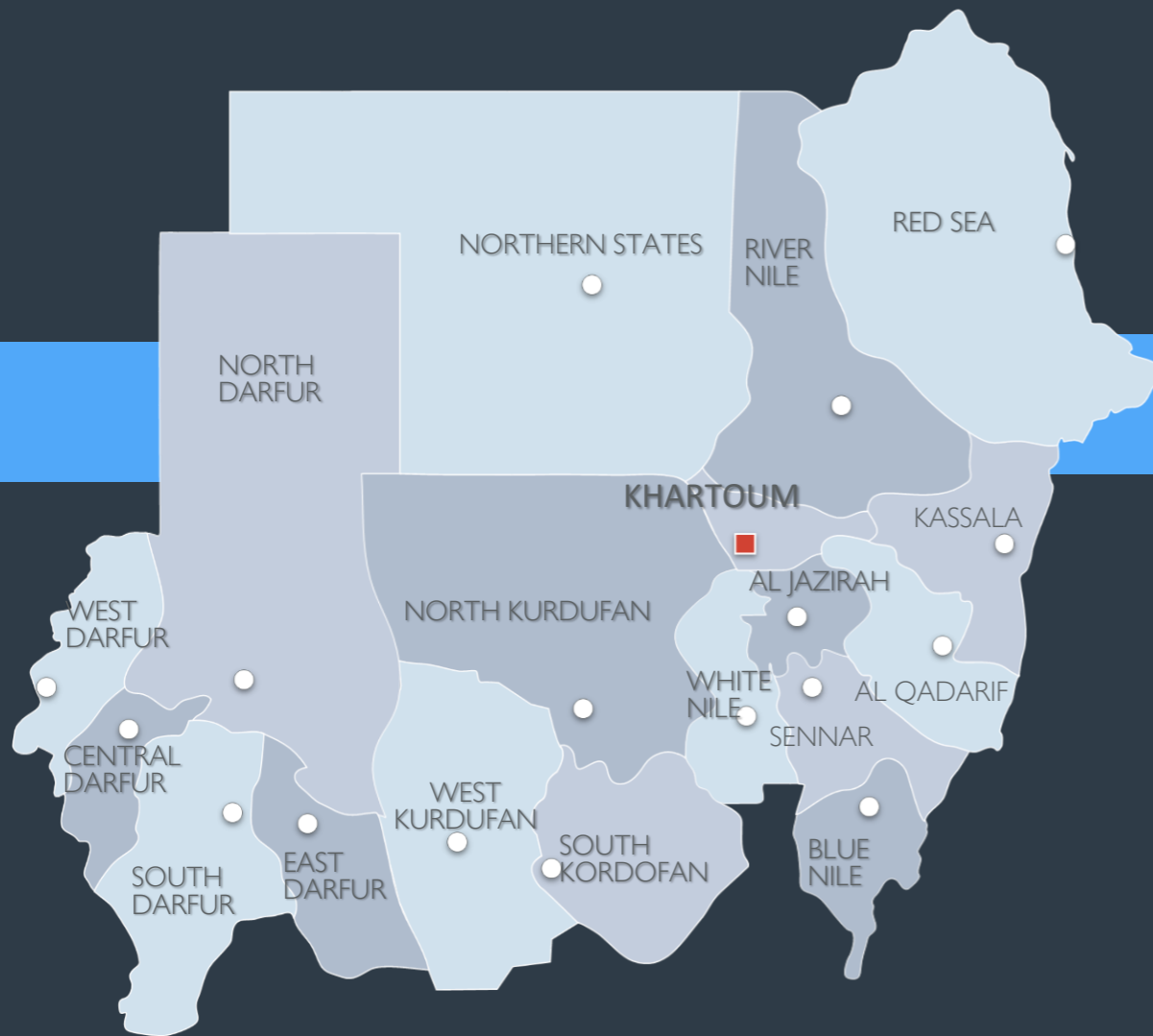
MOVING FORWARD:
RECOMMENDATIONS



REFLECTIONS

BACKGROUND

THE PREVALENCE OF FGM IN SUDAN



~ 87% of females [15-49 years] have undergone Female Genital Mutilation, with 77% of them WHO type III/infibulation.

FGM prevalence is different within generations:

Reported re-infibulation in last 12 months between 23 - 31.2% [15-39 years]

66.3% [0-14 years]

88.3% [30-34 years]

61% of women after delivery experience tightening vulvar operations (including those without FGM) after delivery in 2 hospitals.

91.8% [45-49 years]



RATIONALE

- In 2017, a reproductive health module with FGM content was introduced in School Health Teachers' Manual targeting school children ages 10-17 years old.
- The FGM content aims to delink FGM from religion while also highlighting the immediate, long-term, obstetric, sexual dysfunction and psychological risks/complications.
- Stakeholders raised concerns about linkage to care once girls learn about FGM and what potential unintended consequences may arise.
- As a result program partners were encouraged to develop a rapid formative need-based assessment among stakeholders to inform the roll out the School Health Teachers' Manual.

OBJECTIVES



- To explore the **exposure of adolescents in school to FGM interventions** (awareness and sensitisation about the FGM and its risks/complications)
- Understand the **social and programming implications of exposure** of adolescent girls to information about FGM and its risks/complications (exploring potential tensions, support systems and information gaps)
- To explore the **FGM interventions** in schools (awareness, sensitisation about FGM, its myths, health risks/complications, delinking from religion) **and linkage to care and psychosocial support services.**
- Capture **insights on the adolescents' experiences and challenges** adolescents who are survivors of FGM face and how they deal with their new realities after learning about FGM and its related risks and complications
- **Generate recommendations to inform further programming** for integrated school health programs for FGM prevention and linkage to care.

QUALITATIVE METHODS & STAKEHOLDER PROFILES

4 Key Stakeholder one-on-one consultations with Ministry of Health Officers in Northern State and Khartoum.

3

2 Group Discussions was conducted with adolescent girls in Northern State.

2

One-on-one consultations with 4 adolescent girls in Northern State.

1

4

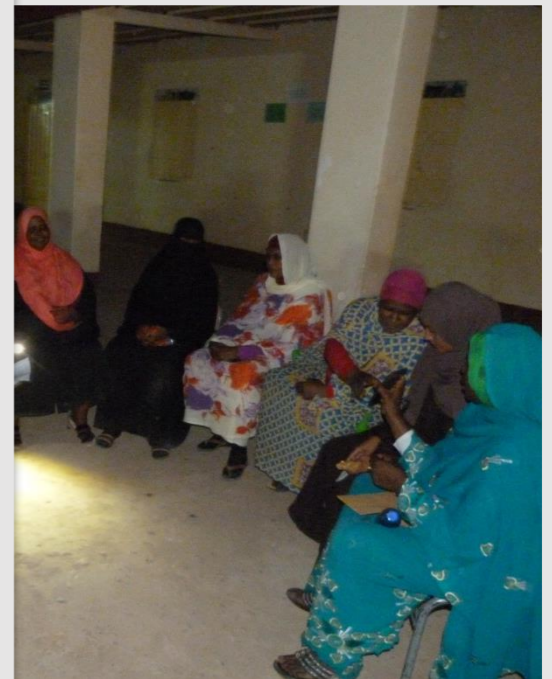
Group Discussion was conducted with Teachers in Northern State.

5

Group Discussion with Parents in Northern State.

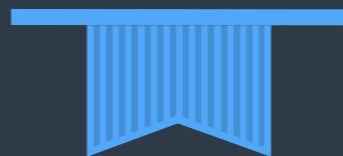


CAPTURING PARTICIPATORY VOICES OF STAKEHOLDERS



RESULTS 1

Although great strides have been made to integrate FGM content in school health manuals and in some school health clubs, current FGM education interventions in schools were perceived as not sufficient.



SAMPLE QUOTATIONS

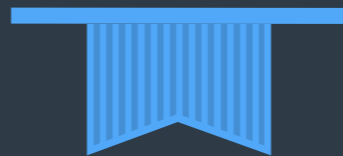
“WE NEED TO RAISE MORE AWARENESS AMONG PEOPLE TO STOP CUTTING, IT IS SOMETHING DANGEROUS AND NOT NECESSARY TO BE DONE FOR PEOPLE.” - *ADOLESCENT GIRL*

“I WAS CUT BUT I DON'T KNOW MUCH ABOUT FGM AND ITS COMPLICATIONS, I HAVE NO IDEA WHAT THE NORMAL SHAPE OF THE FEMALE GENITAL LOOKS LIKE.” - *ADOLESCENT GIRL*



RESULTS 2

As girls learn about FGM, their trust and support of their families and communities becomes a growing concern as they try to navigate their new realities and relational bonds. Debates and discussions start to happen at the family and community level to question the essence of FGM.



SAMPLE QUOTATIONS

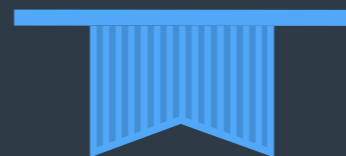
“SHE WILL FEEL THAT SHE HAS BEEN DECEIVED AND WILL LIVE HER LIFE IN ANXIETY, INSECURITY, DOUBT AND REGRET.”

- *MOTHER*

“BACK AT MY NEIGHBORHOOD, WHEN I WAS IN FIFTH GRADE THEY DECIDED TO CUT ME. ME AND OTHER GIRLS IN THE NEIGHBORHOOD WERE TAKEN TO HER HOME (*WOMAN WHO PERFORMS CUTTING*), WHEN WE ARRIVED I HEARD SCREAMS OF GIRLS AND THEY WERE RUNNING, THE OLDER PEOPLE WERE CATCHING THEM AND FORCING THEM TO GET INSIDE. I RAN AWAY FOR ALMOST THREE DAYS TO MY AUNT’S HOUSE, LATER I WAS CAUGHT AND BROUGHT BACK TO HER TO GET CUT.” - *ADOLESCENT GIRL*

RESULTS 3

Lack of agency and helplessness when dealing with FGM is a common phenomenon experienced by girls, family members, and stakeholders alike.



SAMPLE QUOTATIONS

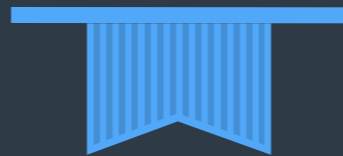
“THEY [FGM SURVIVORS] OFTEN FEEL LOW SELF-ESTEEM AND A LOSS OF PEACE.” - *TEACHER*

“SHE WILL FEEL SORRY AND SHE WILL REGRET IT [FGM], BUT SHE CAN’T DESCRIBE IT NOR WILL SHE HAVE THE ABILITY TO EXPRESS IT” TO OTHERS. - *MOTHER*



RESULTS 4

Linkages between FGM intervention programs (Information, Education and Communication [IEC]) and care (health care and psychosocial support) services are either absent or ad-hoc.



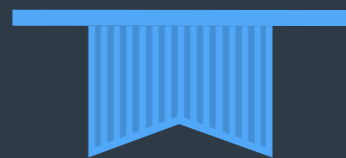
SAMPLE QUOTATIONS

“UNDER THE CURRENT CIRCUMSTANCES COMPREHENSIVE SERVICES TO SUPPORT GIRLS TO DEAL WITH FGM AND ITS COMPLICATIONS DO NOT EXIST...ALL THAT IS DONE SOMETIMES IS TO DO SOME UNDOCUMENTED REFERRALS TO HEALTH FACILITIES. BUT LOWER LEVEL HEALTH FACILITIES (PHC) MAY NOT HAVE THE MEANS TO PROVIDE THE CARE REQUIRED ESPECIALLY IN CASES REQUIRING SPECIALISED CARE LIKE TRAUMA MANAGEMENT.” -
KEY STAKEHOLDER FROM MINISTRY OF HEALTH



STAKEHOLDER FEEDBACK 5

There is a distinct awareness of the lack of Psychosocial support services available or accessible for adolescent girls.



STAKEHOLDER FEEDBACK 5: SAMPLE QUOTATIONS

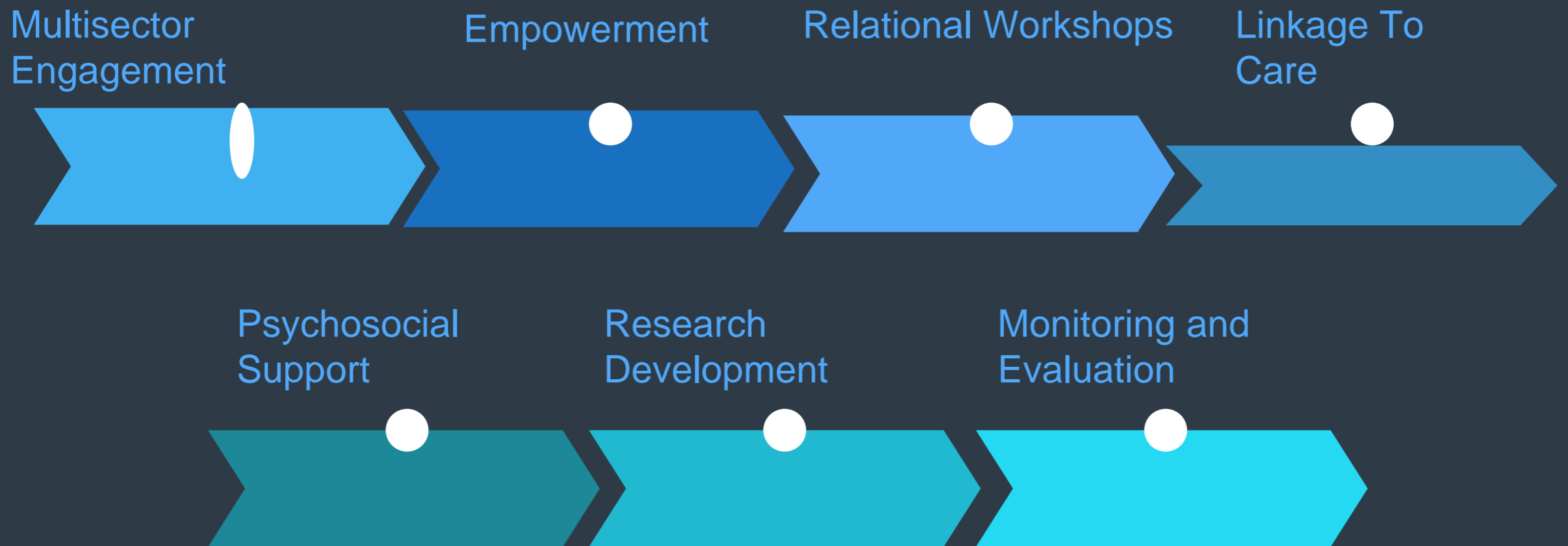
“I FEEL TIGHTNESS WHEN I TALK ABOUT THIS. FOR NOW,
BEING CALMED BY MOTHERS AND PSYCHOLOGIST WOULD
HELP.” - *ADOLESCENT GIRL*

“WE WANT TO TRAIN TEACHERS THEMSELVES TO PROVIDE
PSYCHOLOGICAL SUPPORT AS WELL AS INVEST IN
PROVIDING A HEALTH VISITOR FOR EVERY 10 SCHOOLS IN
EACH LOCALITY” BUT WE DON’T HAVE THE RESOURCES OR
THE INFRASTRUCTURE SET IN PLACE. - *KEY
STAKEHOLDER FROM MINISTRY OF HEALTH*



MOVING FORWARD:

Lessons Learned and Program Recommendations



RECOMMENDATION

1

FGM Education Interventions must be a continuous multi-sector effort with buy-in from key stakeholders and opinion leaders in the community and they should link information, education and communication to care services especially for FGM survivors.

RECOMMENDATION

2

Empowerment and positive survivorship messaging is key in helping young girls navigate their new realities and make optimal use of their agency (abilities and innovations to deal with their new realities).

RECOMMENDATION

3

FGM Education Interventions should integrate conflict and relational management workshops that help families and young girls navigate through tough discussions.

RECOMMENDATION

4

FGM Education Interventions, as a larger part of the program design, should be required to identify, advocate, and link FGM survivors to health care services.

RECOMMENDATION

5

Psychosocial support and care services need to be further developed, integrated, and made accessible to adolescent girls and their families.

RECOMMENDATION

6

Further research development is needed in this field that documents an adolescent girl's experiences when dealing with the trauma of learning that she is an FGM survivor, particularly as it relates to their coping efforts and health outcomes.

RECOMMENDATION

7

Implementation research on monitoring and evaluation of the types and effectiveness of mental health services in responding to the needs of FGM survivors is needed.

REFLECTIONS

This formative assessment, grounded in the voices of our stakeholders, has provided us great insights on how to better adapt the roll out and implementation of The School Health Teacher's Manual integrated with FGM educational content.

*We also learned during this process that there is an inherent impetus to consider the unintended consequences of Information, Education, and Communication (IEC) materials and interventions.

